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27 October 2007

IT'S A POWERFUL OPPORTUNITY FOR YOU

Paramol is back on TV in December

- UK's fastest growing adult oral analgesic brand[1]
- Double action painkilling power: 500mg paracetamol with the maximum UK market OTC dose of 7.46mg dihydrocodeine
- Two formats: Paramol Tablets in 12s, 24s and 32s; Paramol Soluble tablets in 24s

You can't hit pain harder without prescription

1. IRI data, August 2007 (only brands with more than 1% market share have been considered). Paramol Product Information. Indications: For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. Active Ingredients: Each tablet contains 500mg Paracetamol BP and 7.46mg Dihydrocodeine Tartrate BP. Dosage and Administration: PARAMOL should, if possible, be taken during or after meals. Adults and Children over 12 years: 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. Children under 12 years: Not recommended. The Elderly: Caution should be observed in increasing the dose in the elderly. Contraindications: Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. Other special warnings and precautions: PARAMOL should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. Use in pregnancy and lactation: Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. Interactions: Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. Other undesirable effects: Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. Overdosage: Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. Paramol Soluble Legal Category: P. Packaging Quantities and RSP (excluding VAT): 24s £3.70. PL Number: 11314/0058. PL Holder: Seton Products Ltd, Oldham. Paramol Tablets Legal Category: P. Packaging Quantities and RSP (excluding VAT): 12s £2.34; 24s £3.96; 32s £4.47. PL Number: 11314/0128. PL Holder: Seton Products Ltd, Oldham.

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27 October 2007

DON'T DROWN in internet data

AZ reveals supply deal date

Responsible pharmacist consultation launches

- CPD: hypertension case studies
- Business skills: marketing with no money

NEW IN SMOKING CESSATION

THE POWER TO HELP

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack

Pfizer

THEM QUIT.[1-3]

- **A new class of oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. **3.** Tonstad S *et al.* JAMA 2006; 296:64-71. **4.** Coe JW. J Med Chem 2005; 48.3474-3477. **5.** Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. **6.** CHAMPIX Summary of Product Characteristics.

CHA055b
Date of preparation: Nov 2006

New oral prescription medicine

CHAMPIX®

varenicline tartrate

NEW

Powerflu
relief

Powerful relief tablet with codeine - Nothing treats more cold and flu symptoms...

Powerflu
recovery

PLUS a high dose vitamin C tablet to help the body fight infection deep down.

Powerflu
in pharmacy

New two tablet cold and flu treatment

Olbas Powerflu: Paracetamol, Codeine phosphate, Diphenhydramine hydrochloride, Phenylephrine hydrochloride, Caffeine. Vitamin C Tablet: Sodium ascorbate & Ascorbic acid. Also contains sucrose.

Always read the label

Lanes HEALTH

£2m launch campaign on TV and in the press

www.powerflu.co.uk

Olbas Powerflu plus Vitamin C Tablets. Distribution and Product Licence held by GR Lane Health Products Ltd, Sisson Road, Gloucester, GL2 0GR UK. **Indications:** Olbas Powerflu: For the relief of symptoms associated with colds and flu: nasal and sinus congestion, headache and runny nose, fever and aching limbs and nasal congestion in allergic conditions. Vitamin C Tablet: For use as a Vitamin C supplement during cold and flu infections. **Active Ingredients:** Olbas Powerflu: Each white tablet contains Paracetamol 500mg, Codeine phosphate 10mg, Diphenhydramine hydrochloride 15mg, Phenylephrine hydrochloride 10mg, Caffeine 30mg. Vitamin C Tablet. Each yellow, lemon flavoured, chewable tablet contains Sodium ascorbate & Ascorbic acid equivalent to 30mg of Vitamin C. Also contains sucrose. **Dosage: Adults:** One of each tablet every six hours until the symptoms disappear. Maximum of four Olbas Powerflu Tablets (white) to be taken in 24 hours. **Children over 12 years:** One of each tablet every 8 hours. Maximum of three Olbas Powerflu Tablets (white) in 24 hours. NOT SUITABLE FOR CHILDREN UNDER 12 YEARS. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Hyperthyroidism and hypertension, cardiovascular and [illegible] disease. Chronic obstructive airways disease. **Precautions:** Do not exceed the stated dose. Epilepsy, prostatic hypertrophy and glaucoma. Administer with care to patients with severe renal or severe hepatic impairment. Keep out of the reach of [illegible]. Not to be taken with other paracetamol-containing products or with other cold, flu or decongestant products. If symptoms persist, or if patients are taking any other regular medical treatment, they should consult their doctor. Not to be used if pregnant or [illegible] or if allergic to any ingredient or taking anti depressants or MAOIs. **Side effects:** Headache, dry mouth, blurred vision, gastro-intestinal disturbance, urinary retention and occasional rashes. **Warning:** Taking codeine regularly for a long time can [illegible]. May cause drowsiness. Avoid alcoholic drink. **Legal category:** P Olbas Powerflu PL01074/0225; Vitamin C PL01074/0226 **Pack size and RSP:** 6 dose = £3.15 (£2.68 exc. VAT); 12 dose = £4.95 (£4.21 exc. VAT). Date: September 2007.

Chemist + Druggist
news education tools for the pharmacy community

Comment from the Editor

"Will the invention of the RP free up time during your day to meet with GPs and PCTs as suggested?"

So the consultation surrounding the concept of the responsible pharmacist (RP) is finally upon us. But you'll have to wait until at least next year to discuss the concept of remote supervision. So first things first.

The creation of the responsible pharmacist is the first step in a series of moves by the DH to allow pharmacists greater freedom in their working day to offer the kinds of clinical services it seeks from the profession. Could this be the push pharmacy has needed to learn to delegate effectively, address understaffing and upskill its staff to offer adequate support in the dispensary?

But the primary concerns surrounding this topic centre on taking the responsibility for errors made in your absence – if you're 'responsible', do you carry the can?

Apparently not. According to the DH, the pharmacist you left at your pharmacy "could be held accountable". Not as certain as 'would', though, is it?

Yet the positives for this move are plain to see, but it will need the adjunct of allowing some degree of remote supervision to really make a difference. After all, how is this fundamentally different to leaving a locum in charge on your day off?

As John D'Arcy points out (p16), the government wants pharmacists to play a greater role, the public can access pharmacy easily and it's the middle bit – collaboration with local commissioners – where pharmacy needs to try harder.

Will the invention of the RP free up time during your day to meet with GPs and PCTs as suggested by Jeannette Howe? Not yet – you still need to leave a pharmacist in the dispensary, but in the near future quite possibly it could be your accuracy checking technician. It'll be up to you. It's there for the taking... if you meet the criteria of course.

So what do you think?

Respond to the consultation (www.dh.gov.uk) or send your thoughts on the subject to us at haveyoursay@cmpmedica.com and we will submit a response on behalf of C+D readers.

Fiona Salvage, deputy editor

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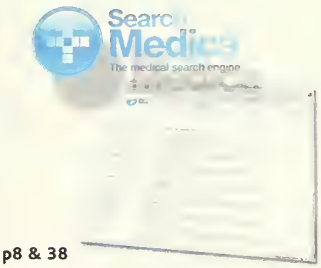

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recycle

AstraZeneca reveals distribution deal date

Drugs firm commits to changes despite ongoing OFT distribution study

James Clegg

AstraZeneca has revealed it will launch its dual wholesaler distribution system in early February 2008.

The change to the company's supply model was supposed to come into effect at the end of the summer but AstraZeneca claimed it wanted more time to test the supply system and ensure a smooth transition for customers.

AZ supply chain director Andy Carr said: "We've been working with our agency partners on everything from infrastructure to IT systems so that we know it's going to work."

Pharmacy bodies have criticised AstraZeneca for following Pfizer's lead on agency distribution before the Office of Fair Trading completes its study into the effects of recent changes to NHS drugs supply. This is due before the end of this year.

Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers, said: "We are disappointed that manufacturers keep announcing new deals before the OFT has a chance to report its findings."

The AZ distribution deal will now go live in February 2008

AstraZeneca announced in April (C+D, April 28, p4) that it would use UniChem and AAH as "agency partners" to deliver its products.

AAH has been vocal in its criticism of UniChem and Pfizer's DTP deal. However, a spokesperson defended the company's involvement with AstraZeneca. He said: "It builds on existing customer relationships and reach capacity. About 70 per cent of the customers we're delivering to will already have an account with us. The other 30 per cent will have to adjust."

When asked if the new supply model risked causing the same kind of inconvenience reported by some contractors in the wake of the Pfizer deal, Mr Carr said: "We have chosen our agency partners carefully so that the majority of our customers won't have to change suppliers."

Should changes be blocked until OFT rules?
haveyoursay@cmpmedica.com

OFT denies early report

The Office of Fair Trading has denied it will publish its market study on direct to pharmacy distribution, in "early November", as reported by The Guardian last week.

A spokesperson for the competition watchdog said that the OFT will hold its final meeting with stakeholders early next month.

The report is likely to be released in late December. **JC**

Sanofi supply deal ready

Sanofi-aventis is "ready to go" on its selective supply deal, due to come into effect this Thursday, following which the drugs company's products will only be available through wholesalers UniChem, Phoenix and AAH.

Managing director Nigel Brooksby said he hoped the change would reduce counterfeiting without affecting service levels. "We wouldn't have made the decision if that wasn't achievable," he said.

But he added: "Like anything new, it's not going to be without teething problems." **JR**

New pharmacy search engine

Pharmacists have been searching hot topics such as category M and pseudoephedrine on SearchMedica, a new medical search engine designed specifically for the profession.

Searchmedica.co.uk launched its new tool for pharmacists last week. Pharmacists visiting the site should select 'Pharmacists' at the top of the page, and the engine will then search only information from authoritative sources relevant to the profession.

Search Medica
The medical search engine

18 in race for Update Knockout cash prize

There are 18 pharmacists from across the UK going forward into the Update Knockout eliminator for 2007. They correctly answered all Update modules published so far this year and are in contention for the Update Knockout prize of £2,000 offered by Update sponsor Genus Pharmaceuticals.

Still in the running is last year's winner, Fiona Marshall. And we are keeping a close eye on William Fisher and Fiona Beck from Fisher Pharmacy, of Gullane in East Lothian – no collusion, please!

The 18 going forward are: Jennifer Jones, William Fisher, Michelle Warner, Trevor Purrington, Maggie Vesty, Fiona Marshall, Lynne Woodburn, Raymond Hyde, Chinjal Patel, Rosemary McLaughlin, Peter Cairns, Dorothy Pritchett, Kevin Alexander, Margaret March, Jayne Daniels, Rosemary Blackie, David Capstick, Fiona Beck.

Congratulations to those who have got this far. Be sure to put a note in your CPD record!

It is not too late to join Update for 2007. For further information go to www.chemistanddruggist.co.uk/update. **PG**

Pharmacy Update is supported by Genus Pharmaceuticals.

GENUS PHARMACEUTICALS

In-store GP talks ongoing

Senior Alliance Boots and Lloydspharmacy representatives were among those who recently met health minister Ben Bradshaw and Department of Health directors to discuss plans that could see GPs running surgeries from pharmacy premises.

A Lloydspharmacy spokesperson declined to provide information about the meeting, but said: "It's fair to say we're very pleased with the direction of travel."

However, he added there had been too little focus on measures to improve access to primary care other than the possibility of private surgery locations.

"There has been too much emphasis on GPs in pharmacies and perhaps not quite enough on all the things pharmacists can do in primary care, and how that can be deepened and expanded." **JR**

DH opens debate on 'responsible pharmacist'

Blueprint presents a more flexible approach to boost clinical services

Max Gosney

Pharmacists could be given the green light to leave premises during opening hours from late 2008 under a government bid to boost the profession's clinical role.

The shake-up comes as part of a Department of Health consultation on overhauling personal control rules due to be launched as C+D went to press.

The DH blueprint will replace the need for pharmacists to be permanently present at premises with the concept of a more flexible "responsible pharmacist".

Under the changes pharmacy owners will be able to delegate the running of their business to a nominated pharmacist. Currently pharmacy technicians will be excluded from taking charge although this is likely to be reviewed in the future, the DH revealed.

The proposals aim to empower pharmacists to boost their profile with GPs, PCTs and patients, DH head of pharmacy Jeannette Howe told C+D. "The government is very supportive of making better use of pharmacy and this is one of the facilitators in achieving that."

No decision on the criteria for becoming an RP will be made until the 14-week consultation closed, she said.

Contractors will be given a six to nine-month grace period to comply with rule changes from next spring, Ms Howe added.

The measures are likely to include safety valves to prevent unsuitable candidates becoming RPs, Ms Howe revealed. She said: "We are exploring requirements around experience. Is it right that a pharmacist who practises in industry comes back to a community pharmacy and from day one can take charge?"

Ms Howe warned industry representatives not to divide over the proposals. "We've tried to be as consultative as possible. We're prepared to hear views, but we need some consensus from the pharmacy bodies."

The responsible pharmacist

- Establish, maintain and keep under review operating procedures.
- Make records of who is the responsible pharmacist at any time, including when absent. Failure to do so will be a criminal offence.
- Display a notice with the responsible pharmacist's registration details. This will replace the current requirement for the duty pharmacist's registration certificate to be displayed.

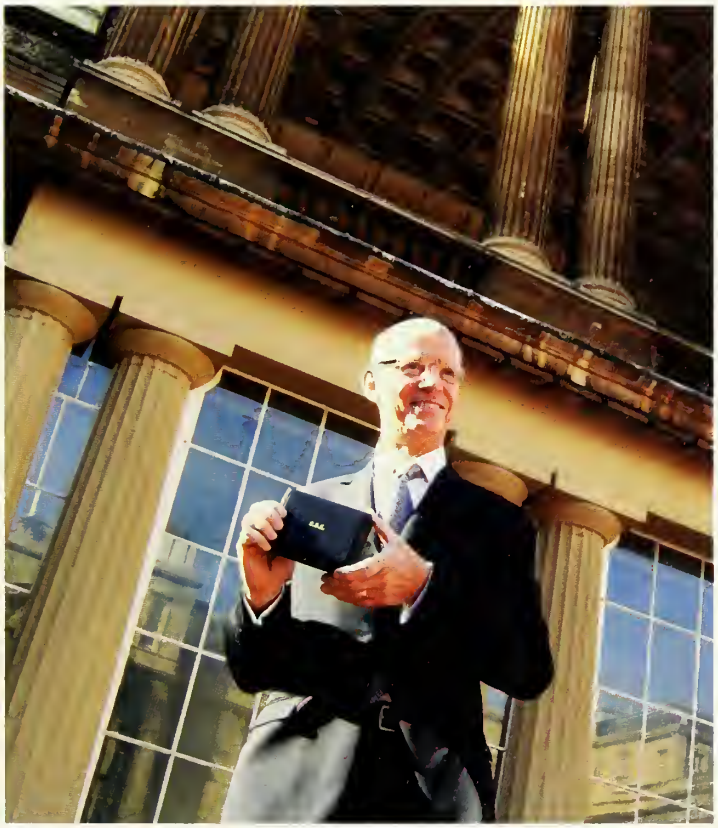
Howe: no risk to patients

Proposals to free up pharmacists to work off the premises will not put patients at risk, the Deparment of Health has claimed.

All UK pharmacies will be overseen by a responsible pharmacist who will be charged with drawing up watertight operating procedures, the DH's Jeannette Howe said. "Both the RP and the owner will have to record who is in charge. As far as the public is concerned there will be a notice to say who is responsible."

Other pharmacists will be charged with following the procedure drawn up by RPs under DH proposals. Ms Howe rejected criticism that RPs could become a scapegoat for dispensing errors made in their absence. She said: "If another pharmacist supervising dispensing doesn't follow procedure and does it differently then they could be held accountable."

To read the consultation in full, go to the Department of Health's website at www.dh.gov.uk. **MG**



Barry Andrews, former chairman of PSNC, received his CBE from the Queen last week. Mr Andrews was given the honour in recognition of his services to pharmacy. He spent six years at PSNC, before which he had experience on the retail side of pharmacy, including with Alliance Boots. Mr Andrews said: "I was both surprised and proud about the award. I like to think it was a reflection not just of my work but of all the progress that community pharmacy as a whole has made over the last few years"

News in brief

Fees decision due

The Royal Pharmaceutical Society will announce its decision on retention fees at a Council meeting this Wednesday. Of the consultation, president Hemant Patel said: "The responses have not all made comfortable reading, but I want to assure you that we have listened."

Competition winner

Congratulations to Shen Sidana, the winner of C+D's 'Have we got pharmacy news for you' headline competition held at The Pharmacy Show. Mr Sidana, MD of wholesaler Protea Products, suggested an MUR dip was not a 'blip' but a 'bit too spicy', winning lastminute.com vouchers.

Men's health project

Men will be encouraged to visit pharmacies, and pharmacists shown how to attract their custom, as part of an awareness campaign from the Men's Health Forum. The project aims to address low usage of pharmacies by men.
www.menshealthforum.org.uk

Prescribing services move

The registration department of the prescribing services unit in Wales will move from November 1 to Health Solution Wales, 12th Floor, Brunel House, 2 Fitzalan Road, Cardiff CF24 0HA. October submissions should be sent here, and pharmacists should ensure their labels are up to date so accounts are received on time.
www.psnc.org.uk

Self-diagnostic sales soar

Sales of self-diagnostic equipment which test for such parameters as blood pressure and body fat have risen by almost 30 per cent in the last five years, a report by market analyst Mintel has shown.

Update module 1420

Please note that this week's Pharmacy Update article (module 1420) is Hypertension case studies, not Lung cancer early signs, as previously stated. This article will now be published as module 1421 in next week's issue.

How will RP rule change affect your business?
haveyoursay@cmpmedica.com

Dispensary TALK

Would pharmacy be better off under a Conservative government?

"It wouldn't make any difference really. I don't think there's any real difference in their policies."
Sunil Bajaria, Worthcare Pharmacy, Thamesmead

"No. By their very nature they're more interested in profit than in services and looking after people."
Mike Long, Highbury Pharmacy, London

WEB VERDICT:

Yes: 60%
No: 37%
Don't Know: 3%

Armchair view: Blue is the colour. Not only does it signal the political intent of most pharmacists in last week's poll, but presumably their mood under Labour. Perhaps Gordon Brown could put things right by abolishing prescription charges in line with his native Scotland – would it get your vote?

This week's question: Should prescription charges be abolished in England and NI?
Vote at
www.chemistanddruggist.co.uk

PCTs plug deficit with public health cash

Less than one third of this year's budget will be spent as intended, says report

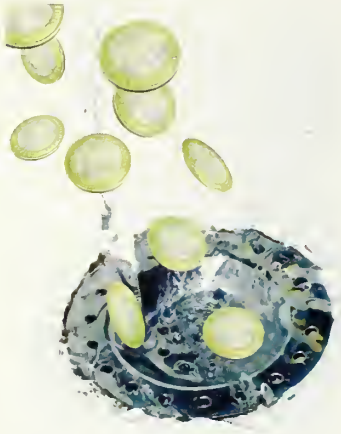
Jennifer Richardson and Zoe Smeaton

Pharmacists are being denied the chance to improve England's public health, industry leaders have said. Their comments came after the "appalling" finding that only one third of £211 million public health funding was spent as intended in 2006-07.

Following the Choosing Health White Paper, funds were allocated to PCTs to spend on public health programmes. But a survey by the Association of Directors of Public Health found half of PCTs spent less than 20 per cent of the money this way. Just 28 per cent of the £342m available for 2007-08 is likely to be spent on public health, the survey showed.

A PSNC spokesperson said PCTs had missed a "major opportunity" to improve local health.

Much of the missing money was used to balance PCTs' financial deficits. But a Department of Health spokesperson said: "The NHS reported a healthy net surplus in 2006-07 of around £500m. There would be no reason for widespread unnecessary cuts to public health budgets."



Wash out: PCTs using cash to cover debts

Royal Pharmaceutical Society president Hemant Patel said stronger measures were needed to ensure money was spent as intended. Ring-fencing of funds was an option, but not the only one. "If the accountability measures were tightened up and less discretion given to the PCTs, that could solve it," he suggested.

The DH was against ring-fencing, the spokesperson said, because local NHS organisations should decide how to spend their money most effectively.

Devon LPC chief officer Sue Taylor called for nationwide public health programmes. "For successful public health you need to line up national work," she said.

Ms Taylor added that the survey results gave "cause for concern" over plans to devolve pharmacy funding to PCTs.

Has your PCT cut funding for services?
mgosney@cmpmedica.com

MP to make IT happen

Ben Bradshaw: looking into PCR access

Joe Miles

A senior minister has promised to help pharmacists get access to patient care records as quickly as possible.

Ben Bradshaw MP, minister of state for health, met with RPSGB president Hemant Patel last week.

Mr Patel said the meeting had gone well and that he had raised the issue of IT and delays in implementation. He said: "The minister was very interested to hear our views about why pharmacy needs to be plugged into the care records system. He is looking into ways to speed that up."

Meanwhile, a meeting of the pan-pharmacy NHS IT group revealed that NHS mail is to be piloted in pharmacies in two specific PCT localities before national rollout in 2008.

NHS mail will allow pharmacists to exchange clinical and sensitive information, such as parts of MUR forms, via secure email with other healthcare professionals. **ZS**

Big pharma upbeat over PPRS talks

Representatives of pharmaceutical companies in the UK remain confident the government will support innovation in drugs development.

The comments come as drugs companies conduct "early stage" renegotiations of profit levels with the Department of Health.

Nigel Brooksby, president of the ABPI board of management, said talks were progressing well.

He said: "They want value for money, but we want value for money. We want a reward for innovation; they want a reward for innovation."

The discussions over the current Pharmaceutical Price Regulation Scheme, set to last until 2010, have come three years ahead of schedule following an Office of Fair Trading call for value-based pricing.

ABPI director-general Richard Barker said he was cautiously optimistic about the future. **JR**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Solpadeine, the no.1 pharmacy pain relief brand[1], belongs in pharmacy.
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To find out more on Sicko go to:
www.chemistanddruggist.co.uk/features

Why the USA feels 'Sicko'

Zoe Smeaton and James Clegg review Michael Moore's new film on the perils of US healthcare

Sicko is Michael Moore's latest crusading film about the problems with modern day America. Where Bowling for Columbine critiqued gun control (or lack of it) and Fahrenheit 9/11 foreign policy, 'Sicko' is concerned with the condition of healthcare in the USA. The diagnosis? Bad.

The main focus is not on those who can't afford health insurance, although they do feature, but those who have paid, only to find the companies refusing to cough up when they need treatment.

Some think Mr Moore's personality can get in the way of the issues he tries to highlight but he remains off camera for much of the early part of the film. Instead, the victims are allowed to tell their own stories, some of which are heartbreaking.

By the end, though, Mr Moore is well and truly centre stage. Having discovered that inmates at Guantanamo Bay get better medical care than most of the American public, he takes three boats of ill, 9/11 rescue volunteers on a mission to sneak them in for treatment.

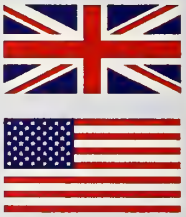
In his quest to show how bad the American system is, Mr Moore also looks at superior alternatives in Canada, France, Cuba and Britain.

Pull the other one: Michael Moore portrays the NHS through rose tinted glasses

The depiction of the NHS will look rose-tinted to British eyes. With hardly a superbug outbreak in sight, happy patients grin and giggle in the hospital corridors and say things like "everything's free" and "nobody pays in this country" (except if they're in a private ward, or need any kind of dental work).

By contrasting our system, and others, with America's deficiencies Mr Moore reminds us what a great idea the NHS is. But his simplistic presentation highlights the major flaw in his work. Although the film is, overall, insightful and at times touching, his desire to make a point leaves inconvenient truths on the cutting room floor. **JC**

Pharmacy stateside



In his new film, Michael Moore visits a UK pharmacy to compare the system here with that in the USA – so what exactly are the differences?

Perhaps the most important is that US pharmacists do not receive government payment for most prescription drugs they dispense. Instead, patients with no health insurance who are not covered by any scheme have to pay for their medicines. This means pharmacists can be faced with patients who need drugs, but cannot afford them.

Mitchel Rothholz, chief of staff at the American Pharmacists Association, said it did not necessarily mean that pharmacists were turning patients away though. For example, pharmacists can help patients review and manage their drugs usage, leading to affordable solutions, he said. Another unique feature in the USA is the use of consumer adverts for specific medicines. But Mr Rothholz said he did not believe this means patients knew all they needed to about drugs, it just increases awareness.

In fact, far from being different to other pharmacists, Mr Rothholz said some issues facing US pharmacists were the same worldwide, such as offering additional services. "That's a worldwide phenomenon, it's something that we have been strongly advocating," he said.

In some ways, US pharmacy could be moving closer to other systems. At present the USA has only two classes of drugs: prescription and OTC. Mr Rothholz said discussions were now under way to consider a new pharmacy-only category, which could be called "behind the counter". He said these discussions could use the experience of countries such as the UK to inform the debate.

Despite pharmacists receiving their incomes from a different source in the USA, Mr Rothholz added: "The payers are different but the issues are the same. We all have to show value and we have to have enough income to support staff and expansion." **ZS**

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Benadryl Allergy Relief (GSL) Product Information: Presentation: Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children aged [illegible] 65 years, one capsule up to 3 times a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when engaging in activities which require mental alertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce additive impairment. Caution when taking with ketoconazole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP (ex-Wales):** 12s, £3.70 **Legal category:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005.

PSNI chief steps down

Loss of Ray Blaney 'big setback' but Society will build on his good work

Zoe Smeaton

Director of the Pharmaceutical Society of Northern Ireland (PSNI) Ray Blaney has decided to leave his post at the Society.

PSNI said the recruitment process to replace Mr Blaney had already begun.

Raymond Anderson, PSNI president, said Mr Blaney had transformed the Society's operations and strategy.

Pharmacists said the loss of Mr Blaney could be a blow for the Society as it awaits a decision on whether Northern Ireland will be allowed to retain an independent regulator. Terry Maguire, a pharmacist in Northern Ireland, and vice-chairman of charity PharmacyHealthLink, said it was "a big setback" at this crucial time.

Mr Anderson responded that Mr Blaney had helped to bring about change and lay foundations for the future and the Society could build upon the work he had done.

Ray Blaney: departure a 'blow' for PSNI

News in brief

PGD site updated

The patient group directions website has been updated to include recent developments such as independent prescribing and the increasing emphasis on clinical governance. See www.portal.nelm.nhs.uk/PGD/default.aspx.

Lilly orders

Supply and distribution of all Lilly products will move to UDG from December 10. The final day for orders to go through Lilly will be November 30 for delivery on December 3. Lilly says any orders placed during the transition week (December 3-7) may not be delivered until December 11 at the earliest.
Tel: 0870 950 0401

AAH slams funds transfer

AAH has criticised DH proposals to put NHS funding for pharmacy in the hands of PCTs. The comments came in the wholesaler's formal submission to the DH's consultation.
www.dh.gov.uk

CD guidance updates respond to changes

Both the Scottish government and the Department of Health have issued guidance on controlled drugs in response to changes in legislation.

Following new governance requirements introduced by the Health Act 2006, the Scottish government has produced a framework to support the development of standard operating procedures for CDs, providing advice on areas for inclusion.

Changes in England to the Misuse of Drugs Regulations 2001 have prompted the DH to produce interim information on implementing requirements for: requisitions for schedule 1, 2 and 3 CDs, which come into force on January 1; record keeping and formatting the Controlled Drugs Register, which are effective from February 1. Final guidance will be issued subject to parliamentary approval.

Information from www.show.scot.nhs.uk/publicationsindex.htm and www.networks.nhs.uk/news.php?nid=1825

Oh for a weekend in Provence

I'm thinking of popping over to France for the weekend, or perhaps Spain might be nicer at this time of year. I could have a few special meals out and top up the wine rack on my return. But having a good time would be an additional bonus to the main purpose of my trip – making a few quid locuming.

EU Directive 2005/36/EC allows professionals from the EU, whose qualification is recognised in their home country, to practise anywhere in the EU. That means pharmacists can work here temporarily without registering with the RPSGB.

This means part of our retention fee hike will be going to subsidise foreign pharmacists here on temporary contracts who bear little responsibility for what they leave behind. This positive discrimination makes a mockery of many of the tedious clinical governance duties us Brits are forced to endure. These temps don't have to do any CPD, for example, and there won't be much anyone can do if the CD register's running total doesn't add up after they've returned home. Some poor local will no doubt end up shouldering the blame.

So if I'm subsidising my European colleagues I think they should subsidise me in return. A working trip around some of the pleasant, English-speaking, tourist hotspots sounds like a fun way to spend a few weeks. Who knows, I might find somewhere I'd like to stay – at least I'd avoid paying another year's retention fees.

The trouble is, we're usually one of the few countries which takes any notice of EU directives and I suspect I would struggle to find anyone who's heard of it outside the UK and Brussels. It's bound to end up as a one-way street that dilutes our integrity.

Just saying no to the copy Cals

When is a bottle of Calcold not a bottle of Calcold? When it's a bottle of Calpol Night.

I'm all in favour of using the OTC industry's clever marketing techniques to help maximise my OTC medicine sales, but selling an identical product in different packaging is stretching the concept too far, in my book. This type of marketing is risky as parents may decide their child needs a cold remedy as well as night time relief. If the two were bought at different times and/or from different pharmacies children could easily receive a double dose.

John D'Arcy

The challenge, as ever, will be getting our hands on the cash

All political parties acknowledge the role of pharmacy and the need to make better use of pharmacists' skills. Indeed, Gordon Brown has acknowledged the benefit that will accrue to the "individual citizen" if the local pharmacy is able to offer extended services. A promising start for pharmacy as Mr Brown takes over as Prime Minister, which we probably hoped would be reflected in a specific mention of pharmacy in the Darzi review.

> "Alas, Lord Darzi's report doesn't make specific mention of pharmacy"

Alas, Lord Darzi's interim report does not make specific mention of pharmacy (here we go again) but it does have a strong focus on primary care. So too does the Comprehensive Spending Review (CSR), which describes how more cash will be chucked at the NHS to fund Lord Darzi's recommendations. Given that community pharmacy operates in primary care, this should amount to good news. The challenge, as ever, will be getting our hands on a proportionate share of the cash.

The CSR acknowledges the challenges ahead for the NHS and rising public expectation. People want care that is close to home and tailored to their specific needs. They also need to be supported to take control of their own health. And services need to be provided where and when they are most convenient for patients.

At first sight then, pharmacy appears to be well positioned to respond to this agenda. Pharmacies are located at the heart of local communities and easily accessible. Pharmacists are well liked, trusted and respected by patients. We also have a contract which sets the framework for service development.

So we've got the high level political support and the support of the consumer on the ground. The missing link is the bit in the middle – the engagement with local commissioners. We keep hearing from government that pharmacists are an "under-utilised resource". We always will be unless the right incentives and mechanisms are in place at local level to integrate pharmacy properly into local health policy, planning and development. The Darzi review provides the opportunity to plug the gap.

John D'Arcy, commercial director, Rowlands

Embracing the MUR challenge

Are you looking forward to the opportunity the MUR initiative could offer your pharmacy? Teva can help you get started with a MUR Resource Pack* that's designed to help the independent pharmacist get up and running. It won't run MURs for you, of course, but we've focused on the practical, hands-on side of the equation to help make taking the plunge into MURs as simple as we can.

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*While stocks last – eligibility criteria available on request

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Prescribing Information
Movelat Cream/Gel Abbreviated Prescribing Information. Please consult the full Summary of Product Characteristics before prescribing. **Presentation:** Movelat Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur 2.0% w/w in a white cream base. Movelat Gel contains the same active constituents in a colourless gel base. **Indications:** Movelat is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains and pain due to rheumatic and non-serious arthritic conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat Cream – two to six inches (5-15 cms) to be massaged into the affected area up to four times a day. Movelat Gel – two to six inches (5-15 cms) to be applied to the affected area up to four times a day. **Contraindications:** Not to be used in children under 12 years of age. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of the formulation. Not to be used in patients with a known sensitivity to aspirin or other non-steroidal anti-inflammatory drugs (including when taken by mouth) especially where associated with a history of asthma. **Pregnancy and lactation:** Not to be used during the first trimester or during late pregnancy. Pregnant or breast-feeding patients must seek a doctor's advice before using Movelat. **Special warnings and precautions:** For external use only. The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. If pregnant, breast-feeding, asthmatic or on any prescribed medicines, consult a doctor before use. Wash hands immediately after use. Discontinue use if excessive irritation or other unwanted effects occur. **Undesirable effects:** Allergic skin reactions (which may include redness, burning sensation or rashes) may occur in individuals sensitive to salicylates. **Market Authorisation Holder:** Genus Pharmaceuticals Ltd, Benham Valence, Newbury, Berks, RG20 8LU. **Market Authorisation Numbers:** PL 06831/0176 (Movelat Cream/Relief Cream), PL 06831/0177 (Movelat Gel/Relief Gel). **Basic NHS price:** £4.96 per 100g tube. **Legal Category:** P. Further information is available from Genus Pharmaceuticals. **Date of Preparation:** Sept 2007.

Adverse events should be reported to Genus Pharmaceuticals, tel: 01635 568400. Information on adverse event reporting can also be obtained from www.yellowcard.gov.uk

References:
1. Data on file MOV003. 2. Frahm E, *et al.* Topical treatment of acute sprains. BJCP 1993;47:321–322. 3. Movelat® Cream/Gel SmPC, May 2006.

...Date of Preparation: September 2007. Code: MOV0907194A
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C+D Clinical

Case studies: hypertension

The third in a series on cardiovascular topics looks at problems with treating high blood pressure

Key points

- Some hypertension treatments may contribute to tiredness, and can increase diabetes risk.
- Patients should be warned about the side effects of amlodipine.
- Where a patient's blood pressure is not controlled by three antihypertensive drugs and lifestyle advice, poor compliance may be the cause.
- The ACD guideline is a useful starting point when considering starting treatment.

Reflect

Do you know at what blood pressure a patient should be regarded as hypertensive? Is it related to age and/or ethnicity? What treatments/drugs are available to treat hypertension? How can you be involved in treatment?

Plan

Whenever a patient presents a prescription for a hypertensive agent(s), think about why that particular drug or drug combination has been prescribed. What alternatives are there to drug treatment of hypertension? Keeping these two points in mind, what information sources should you be exploring?

CPD This article can help in the following CPD competencies: **G1c, G1d, G1e, C1b, C1c, C2c, C2f, C3e.** See www.tinyurl.com/194zu

The College of Pharmacy Practice

This course (module 1420), in association with multiple choice questions being published in C+D November 3, provides one hour's continuing education

Dr Mike Mead

Hypertension is increasingly a key agenda item for pharmacists and during a working day you are likely to see many patients on antihypertensives, often with therapeutic problems and blood pressures above their target. These case histories cover some common problems.

CASE STUDY 1: Diabetes risk

Mr A attends for his check. He is a 56-year-old hypertensive but otherwise well. He is taking atenolol 100mg and bendroflumethiazide 2.5mg daily, having been on these medications for eight years. His blood pressure is 138/84mmHg but he is increasingly tired and is awaiting a glucose tolerance test, as he has had a raised fasting blood glucose. There is a family history of diabetes and he has a BMI of 34. Is this combination still the most appropriate?

Key points

- There are many causes of tiredness but beta-blockers can contribute.
- He is at high risk of diabetes and may already have it.
- Atenolol and bendroflumethiazide is a combination that leads to an increased incidence of diabetes.
- There is not much difference between 50mg and 100mg atenolol in terms of BP control.

Plan of action

- Discuss whether Mr A truly felt the tiredness was due to his treatment. He has taken the drugs for a long time – how long has he felt tired? Are there other symptoms that might account for his tiredness? Could diabetes be contributing?
- Recent evidence suggests atenolol and bendroflumethiazide is not the best combination for those at high risk of diabetes, eg those with a strong family history of type 2 diabetes, impaired glucose tolerance, clinical obesity, or South Asian or Afro-Caribbean ethnic origin. A key study here is the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT), which involved over 19,000 hypertensive patients, aged 40 to 79, with three or more cardiovascular risk factors (such as male gender, smoker, age 55 years or older, diabetes, total: HDL cholesterol of six or higher, and many more). They were assigned to a regimen of amlodipine plus perindopril or atenolol plus bendroflumethiazide. The trial was stopped prematurely after 5.5 years when the amlodipine-perindopril arm resulted in a significant 13 per cent reduction in total coronary events, a 24 per cent reduction in cardiovascular mortality and a 23 per cent reduction in fatal and non-fatal stroke compared with the atenolol-bendroflumethiazide arm. There was also a 30 per cent difference in development of new-onset diabetes in favour of the

amlodipine-perindopril arm. Thus the combination of atenolol and bendroflumethiazide is no longer recommended.
• Warn Mr A not to stop his beta-blocker suddenly but suggest to his GP that changing to 50mg would be a first step without sacrificing BP control.
• He would benefit from a change of therapy. An ACE inhibitor (ACEi) is a logical choice to replace the beta-blocker, measuring renal function first then adding to the beta-blocker and diuretic. Renal function should be rechecked after about two weeks, then the beta-blocker withdrawn over several weeks while titrating up the ACEi according to response.

CASE STUDY 2: Ankle swelling

Mrs B, aged 74, is still healthy in most respects apart from osteoarthritis of the hips and knees. She was recently diagnosed as hypertensive with an average reading of 162/101mmHg and started on bendroflumethiazide 2.5mg daily. A few weeks later her blood pressure was 154/96 and amlodipine 5mg daily was added. She attends for review complaining of ankle oedema.

Key points
• Amlodipine is an effective antihypertensive in older patients but ankle swelling is a common side effect.
• Warn patients beforehand of the side effects of amlodipine – a mild degree of ankle swelling is often tolerated, particularly as other side effects are uncommon.
• Adding amlodipine (a calcium-channel blocker) to a diuretic is not the best combination to lower BP further.

Plan of action
• As treating hypertension is a long-term exercise, Mrs B is unlikely to be persuaded to continue amlodipine. In any case the combination of bendroflumethiazide and amlodipine is not the best for treating hypertension.
• The best combination with a diuretic would be an ACEi inhibitor or angiotensin-II receptor antagonist. The work done by the British Hypertension Society in developing the ABCD algorithm for selecting drugs in hypertension resulted in it being adopted in the recent Joint British Societies guidelines (JBS2). It has now been refined to an ACD algorithm published in the Nice guidance of June 2006 (see Figure 1). Patients with hypertension are classed as either higher renin level (younger people aged under 55 and Caucasians) or relatively low renin level (older people over 55 and the black population of African descent). Those drugs inhibiting the renin-angiotensin system (ACEis, angiotensin-II receptor blockers, beta-blockers) are more effective in lowering BP in the higher renin group of younger and Caucasian patients than diuretics or calcium-channel blockers, which do not inhibit the renin-angiotensin system. But, as we have seen above, beta-blockers are no longer mainstream antihypertensive therapy. In Mrs B's case, while an A drug is not recommended as first choice in the older patient, A drugs usefully combine with a diuretic at step 2 and most patients will need two or more drugs to treat their BP.
• Assuming the patient has satisfactory renal function, change from amlodipine to an ACEi or angiotensin-II receptor antagonist.

CASE STUDY 3: Adding therapy

Mr C is a 64-year-old on lisinopril, amlodipine and bendroflumethiazide for hypertension, but with a BP of 164/101mmHg. What do you do?

Key points
• Some patients' BP is not controlled even on three drugs and Mr C is on the correct combination of an ACEi plus a calcium-channel blocker and diuretic.

Plan of action
• Ensure he is taking all his medication. Whenever a patient on multiple therapy fails to achieve a target for that condition, check compliance.
• Check the doses. Although with many drugs there is not a major drop in BP as the dose rises, ACEi doses can often be substantially increased.
• Mr C needs a review by his GP to ensure he has had blood tests or further investigations to look for any contributory cause for his uncontrolled hypertension (these will be mainly renal function tests).
• Is he on any drugs that might interfere with his BP control, eg NSAIDs or steroids?
• Are there efforts he could make to reduce his BP further? When reviewing medicines it is always worth encouraging patients to adopt a healthier lifestyle by losing weight, exercising, and reducing salt and alcohol intakes. Leaflets can help explain these measures further and a useful point of call for patients is the Blood Pressure Association (www.bpassoc.org.uk).
• Another area to consider is the accuracy of his BP recording. Is it truly raised? It is always worth checking a reading after a few minutes. Does he seem anxious? Has he ever had his BP taken at home or an ambulatory check?
• Assuming compliance is fine and no other factors are interfering with control, the GP will consider adding a fourth agent. There are several possibilities. Bendroflumethiazide is the diuretic most commonly used in hypertension but amiloride and spironolactone are also used, although potassium monitoring would be needed. Adding an alpha-blocker such as doxazosin is another option, and moxonidine acts via a different mechanism to the ACD drugs. There are still beta-blockers, of course, although these have now moved well down the line.

CASE STUDY 4: Starting therapy

Mrs D is a 46-year-old slightly overweight teacher recently diagnosed as hypertensive, with an average BP of 169/97mmHg. She has a strong family history of hypertension and was

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Vicks Cough Syrup with Honey for Dry Coughs (P)

Thick yellow liquid containing Dextromethorphan Hydrobromide 20mg in each 15ml dose. For relief of dry cough. **Adults and children over 12 years:** 15ml every 6 hours **Children 6-11 years:** 5ml every 6 hours **2-5 years:** 2.5ml every 6 hours. Not more than four doses in 24 hours. PL Holder: Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0079. 180ml **£5.35**

Vicks Cough Syrup for Chesty Coughs

Thick cherry-red liquid containing Guaifenesin 200mg in each 15ml dose. Relief of chesty cough. **Adults and children 12 years or over:** 15ml every 4 hours **6-11 years:** 10ml every 4 hours **2-5 years:** 5ml every 4 hours. Not more than six doses per day . PL Holder: Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/ 0078. 180ml **£5.35**

Vicks Cough Lozenges with Honey (P)

Yellow lozenge containing Dextromethorphan 7.33mg per lozenge. Cough Suppressant for the relief of dry, irritant cough associated with common cold and influenza. **Adults and Children over 12 years** 2 lozenges dissolved in the mouth consecutively. Repeat every 6hours as needed. Caution: Not more than 8 lozenges per day. Not suitable for children under 12 years. PL Holder: Procter & Gamble (Health & Beauty Care) Ltd, The Heights, Brooklands, Weybridge, Surrey, KT13 0XP. PL 00129/0129. 12ct **£5.35**

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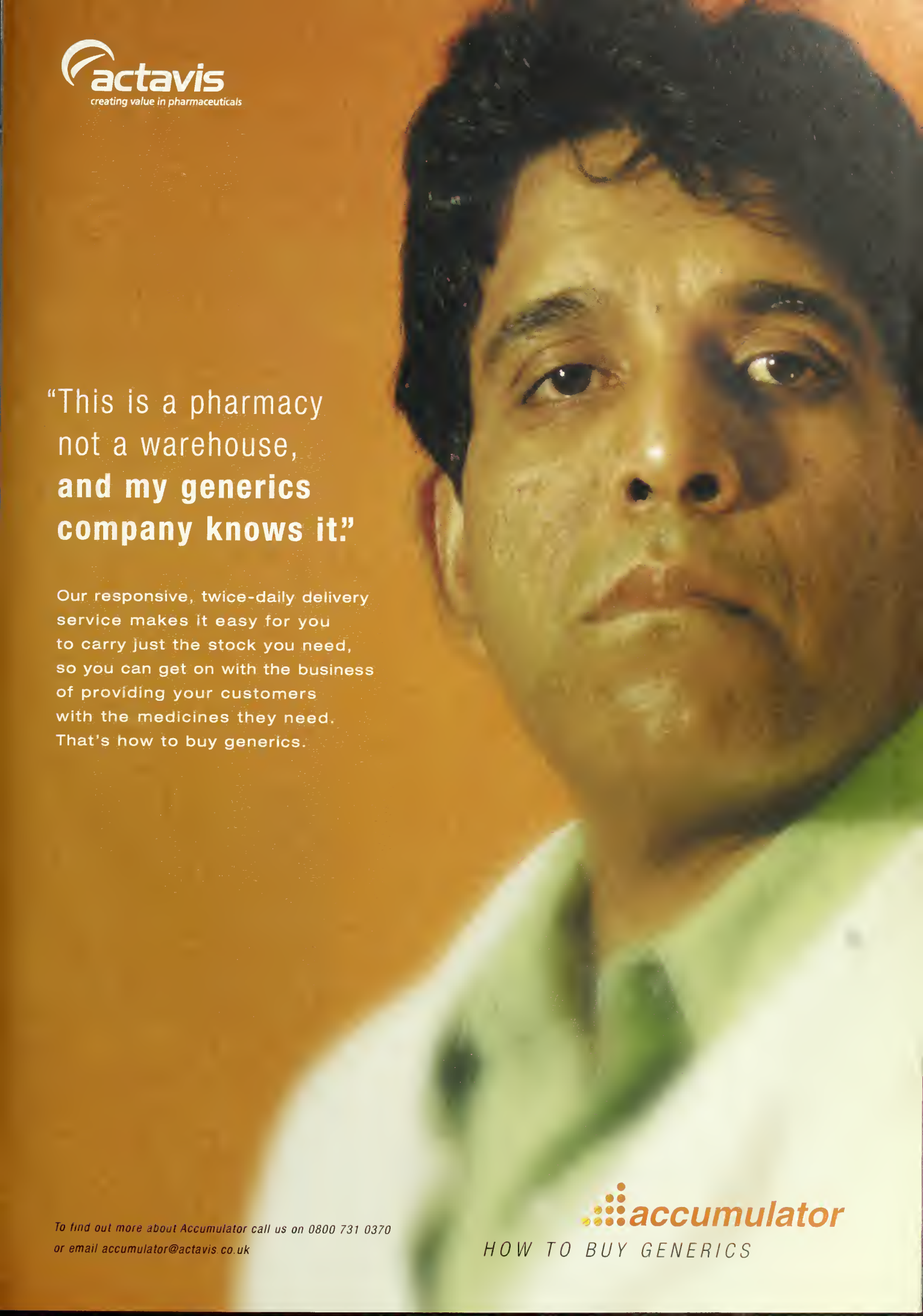

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hypertensive in her pregnancies. She has asthma and is using a regular beclometasone inhaler, with salbutamol when required.

Key points

- Initial antihypertensives should be tailored to the patient. The ACD guideline (Figure 1) is a useful starting point.
- Beta-blockers are no longer first-line antihypertensives, as noted above, but would be contraindicated because of Mrs D's asthma.

Plan of action

- Before starting any antihypertensives, advise on lifestyle measures to reduce BP. This may mean that patient will need to take fewer drugs.
- Give the patient some ownership of her BP. Explain the risks and give her a target to aim for (less than 140/90mmHg). It would be useful if Mrs D monitored her own blood pressure. Details of home monitoring can be found on the BPA website.
- An ACEi is the obvious first choice but warn Mrs D she is likely to need more than one drug to control her BP, as do most patients with hypertension.
- As with all newly diagnosed hypertensives, emphasise the importance of controlling BP (the most common cause of strokes and a major risk factor for a heart attack and dementia), the need for compliance with lifestyle measures and any drug treatments, and the value of home monitoring so they can see their BP target being achieved. Remember that patients with diabetes, cardiovascular and renal disease need a lower target (optimally less than 130/80mmHg).

Figure 1: Nice recommendations for combining BP lowering drugs

	Younger (under 55 years)	Older (55 or over) or black patients of any age
Step 1	A	C or D
Step 2	A + C or A + D	
Step 3	A + C + D	
Step 4	Add further diuretic therapy or alpha-blocker or beta-blocker	

A = ACE inhibitor or angiotensin-II receptor antagonist B = beta-blocker
C = calcium-channel blocker D = diuretic

Reference
Lancet 2005; 366: 895-906.

Dr Mike Read is a GP and medical author.

Continuing Professional Development CPD

Act

- Read the BNF section on hypertension (2.5 Hypertension and heart failure).
- Revise the actions of the various classes of drugs used to control hypertension.
- Discuss whether Mr A truly felt the tiredness was due to his treatment. What would you ask? Is fatigue a common side effect of other drug classes? Find out.
- Read a good review of the nature and treatment of hypertension. One example is to be found at http://hyper.ahajournals.org/cgi/content/full/47/1/10. A second starting point is http://www.nature.com/jhh/journal/v18/n3/abs/1001683a.html
- Look at alternatives to drug treatment for prevention of hypertension. Look at http://hyper.ahajournals.org/cgi/content/full/hypertensionaha;47/2/135 for an example of diet cases. What part does lifestyle play in hypertension?
- Do you sell blood pressure monitors? Can you give advice on their use?
- Co-morbidity is common with hypertension. Find out which conditions are involved.
- What should you tell a patient who presents with hypotension?

Evaluate

- A diabetic patient presents with a prescription for a hypertensive drug that has been added to his regimen of metformin and gliclazide. What drug would you expect it to be and why?
- Do you feel you can explain to a patient why a third drug has been added to the two established drugs he takes to control his hypertension?
- Can you explain to patients the correct way to take their own blood pressure using a home monitor? Can you explain white coat syndrome?

Please note that lung cancer early signs is now module 1421 and will appear next week

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 3 issue, which will cover this week's CPP-accredited module, together with those in the October 6 and 13 issues.

These will cover:
- Contact lens care (1418)
- Drugs used in HIV (1419)
- Case studies: hypertension (1420) See note above.

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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*See full prescribing information overleaf for alternative dosing regimens
†Symbicort is not intended for regular prophylactic use (e.g. before exercise): a separate rapid-acting bronchodilator should be considered

EMEA says glitazone pros outweigh cons

The EMEA has said that the benefits of the type 2 diabetes drugs rosiglitazone and pioglitazone outweigh their risks in the approved indications.

But the agency has recommended changing rosiglitazone's product information to include a warning that patients with ischaemic heart disease should only take the drug after an individual risk assessment. EMEA also agreed further initiatives to increase the drugs' safety data.

The review follows evidence earlier this year suggesting an increased risk of fractures in patients taking both drugs, and of heart disease risk in patients treated with rosiglitazone. The review noted that although patients on rosiglitazone did appear to be at higher risk of heart disease, this did not seem to translate into an increased risk of death.

The updated labelling will also warn that insulin should only be used with rosiglitazone in exceptional cases and under supervision. Taking both drugs at the same time is believed to increase risk of fluid retention and heart disease.

www.emea.europa.eu

New drugs coming soon?

New drugs for allergic rhinitis, HIV and post-operative pain could be on the horizon following last week's European Medicines Agency (EMEA) meeting.

The organisation's Committee for Human Medicinal Products (CHMP) gave the green light to a number of new products. These included Avamys (fluticasone furoate) for symptomatic relief of allergic rhinitis, Atripla (efavirenz plus emtricitabine plus tenofovir) for HIV infection in adults, and Nevanac (nepafenac) for post-operative pain and inflammation associated with cataract surgery. Among the approved license extensions was Ariclaim (duloxetine) for diabetic neuropathic pain.

www.emea.europa.eu

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SearchMedica.co.uk has launched a search engine tailored for pharmacists and pharmacy staff. Clinical information that is relevant and reliable can be difficult to find using the well known general search engines, but SearchMedica focuses on authoritative sources that can be trusted. Try it now at www.searchmedica.co.uk

Product news

Cholestagel 625mg tablets (cholesevelam hydrochloride). New bile acid binder to reduce LDL-cholesterol. Genzyme Therapeutics, tel: 01865 405200.

Humapen Ergo discontinued. Lilly, tel: 01256 775640.

MHRA Alerts

Steripaste bandages (zinc oxide 15% w/w) in Seton livery. Risk of microbial contamination of batches 07085930, 07085932 or 07085673 (expiry July 31, 2010). Quarantine and return to supplier.
http://tinyurl.com/2n5scb

BD Plastipak 1ml, 2ml, 5ml and 10ml Luer slip syringes. Update of previous alert because more batches affected. Extra care needed.
www.tinyurl.com/2xao2b

DERMATOLOGICAL

E45

Scratch Resistance.

The 'itch' of eczema is recognised by doctors and sufferers alike to be the worst symptom of the condition, causing sleep disturbance in 85% of cases.[1]

We've drawn upon 50 years of skincare experience to formulate E45 Itch Relief Cream specifically to help ease this distress.

Moisturising urea and local anaesthetic lauromacrogols combine in a dual-action formula to soothe the itch whilst hydrating and smoothing the affected skin.[2] These therapeutic benefits are delivered in a well-tolerated and highly acceptable emollient cream.[3]

Either a "good" or "very good" improvement in skin condition was measured in 74% of patients.[3]

E45 Itch Relief Cream.
Experience builds expertise.

Lauromacrogols and Urea

Dry skin & Eczema
EXPERT E45

Prescribing Information E45 Itch Relief Cream. E45 Itch Relief Cream contains lauromacrogols 3.0% w/w and urea 5.0% w/w. **Uses:** For the treatment of pruritus, eczema, dermatitis and scaling skin conditions where an antipruritic and/or hydrating effect is required. It may also be used for the continued treatment and follow-up treatment of these skin diseases. **Dosage and administration:** *Adults, the elderly and children:* Apply to each affected area twice a day. The duration of treatment depends on the clinical response. **Contraindications:** Patients with known hyper-sensitivity to any of the ingredients. It should not be used to treat acute erythroderma, acute inflammatory, oozing or infected skin lesions. **Special warnings and precautions for use:** May cause irritation if applied to broken or inflamed skin. **Pregnancy and lactation:** There are no specific restrictions concerning its use during pregnancy, but it is not to be used on the breasts immediately prior to breastfeeding during lactation. **Undesirable effects:** E45 Itch Relief Cream has been reported to cause a burning sensation, erythema, pruritus or the formation of pustules. Contact allergy has also been reported. **Package quantities:** 50 g and 100 g tubes. **MRRP:** 50 g £3.39, 100 g £5.44. **Legal category:** GSL. **Product licence number:** PL 00327/0122. **Product licence holder:** Crookes Healthcare Ltd, Nottingham, NG2 3AA. **Date of preparation:** December 2003.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Medical Information Unit, Reckitt Benckiser, Hull (0500 455 456)

References: 1. NES Survey, March 1999. 2. Puschmann M *et al.* The German Dermatologist 1992;8:1138-1143. 3. Vieluf D *et al.* Z Hautkr 67:9;816-821.
Date of preparation: October 2007.

RCPharm07

Pfizer pulls plug on Exubera

Pfizer has pulled its inhaled insulin product Exubera from the market, following losses of nearly US $3 billion in three months.

The decision appears to have been made purely on commercial grounds, with the company saying: "Despite our best efforts, Exubera has failed to gain the acceptance of patients and physicians... we remain committed to investing significant resources in the development of new and innovative medicines to manage diabetes, including monitoring inhalation technologies and other innovative delivery systems for insulin and other medicines."

The company made no comment about the safety of Exubera. The product has, in the past, been linked to a decline in lung function and respiratory side effects though trials proved inconclusive.

Pfizer added that it would work with doctors to move Exubera patients onto other antidiabetics. The charity Diabetes UK said that it understood the commercial impetus behind the withdrawal, but added: "Exubera does provide an alternative treatment to insulin injections for some people with diabetes and we therefore hope this product will remain available in the future."
http://tinyurl.com/3a53ee

Exelon now in patches

Exelon transdermal patches (rivastigmine, Novartis) are now available for mild to moderately severe Alzheimer's dementia.

Two strengths have been launched, 4.6mg/24 hours and 9.5mg/24 hours. Treatment should be started at the lower strength, then increased to the recommended effective dose of 9.5mg/24 hours after a minimum of four weeks if well tolerated. According to manufacturer Novartis, this dose can be continued for as long as the patient derives benefit.

Stock ordering information is published in this weeks's C+D Pricelist supplement, and prescribing details are available at www.emc.medicines.org.uk

Analgesic table

Evidence-based medicine journal Bandolier has published a revised Oxford league table of analgesics in acute pain. The table lists the drugs in terms of number needed to treat for 50 per cent pain relief over four to six hours, and is supported by updated reviews of evidence for seven commonly used analgesics. www.jr2.ox.ac.uk/bandolier

A Practical Approach — Feverish child

Brenda, dispensing technician at Update Pharmacy, is at home on her day off when her neighbour Janis drops round carrying her five-year-old son Anthony.

"I'm sorry to trouble you Brenda, but I'm wondering whether I ought to take Anthony to the doctor or even A&E. He's got another cold, but it seems worse than usual. I phoned the surgery, but they're closed for lunch till three o'clock."

"Any headache, aversion to light, or trouble moving his head up and down?"

"No, nothing like that. He's just got a bit of a temperature, a runny nose and a nasty, chesty cough, his eyes are a bit red and sore and he's just generally miserable."

"Hmm, I'm not sure," Brenda says. "I'll run you down to see Mr Spencer at the pharmacy. He'll be able to advise you."

At the pharmacy Janis recounts Anthony's symptoms to pharmacist David Spencer.

"He doesn't look too bright, does he?" says David. "Can I have a quick look inside his mouth?" Having looked, he continues: "Has he had his MMR vaccination?"

"Yes, when he was one."

"What about the booster?" asks David.

"No, I thought one dose would be enough. And anyway, my friend told me it's the second dose that makes kids autistic."

Questions

1. What was the purpose of the questions Brenda asked Janis?
2. What condition do Anthony's symptoms suggest, and why did David ask to look inside his mouth?
3. Assuming David's provisional diagnosis is correct, what is the course of this condition?
4. Can David offer any treatment?
5. What is the significance of David's question about the MMR booster?

Answers

1. To discount the possibility of meningitis, a potentially fatal infection if not recognised and treated quickly, of which the early signs include those asked about by Brenda.
2. Measles. To look for Koplik spots – small, greyish, irregular lesions surrounded by an erythematous base, on the buccal mucosa, especially on the inside of the cheeks – that are characteristic of measles.
3. Catarrhal stage (up to five days): prodromal illness with fever, conjunctivitis, common cold-like symptoms, cough, irritability and Koplik spots. Exanthematous (eruptive) stage: maculopapular rash appears after three to five days, first behind the ears, then down the body, becoming confluent, and fading by the third day.
4. Beyond maintaining fluid levels and reducing fever with paracetamol or ibuprofen, there is no specific treatment. However, measles is a notifiable disease, so Anthony must be referred to his GP.
5. Measles can lead to more serious complications, including otitis media, pneumonia, diarrhoea and convulsions. Death occurs in one in 5,000 cases. There has been a considerable increase in incidence in 2007, thought to be due to children not receiving the MMR (measles, mumps and rubella) booster vaccination at between three and five years of age. Measles had been virtually eradicated by 1998 when research, which has since been shown to be spurious, claimed that the MMR triple vaccine caused inflammatory bowel disease and autism in children. As a result, vaccination take-up rates fell significantly but have since risen to 88 per cent for the first dose and 75 per cent for the second.

CPD

This article can help in the following CPD competencies: **G1a, G1e, C1c, C1f.** See www.tinyurl.com/194zu

FOR SYMPTOMATIC RELIEF OF COLDS & FLU

NEW

TWICE THE PAIN RELIEF INGREDIENT[1]

Compared to the leading All In One[2]

Each dose of new Lemsip Max All In One Lemon contains:

Twice the Paracetamol
for headaches, sore throats, fever, body aches and pains
(1000mg Paracetamol)

22% more Phenylephrine
for blocked or runny noses
(12.2mg Phenylephrine Hydrochloride)

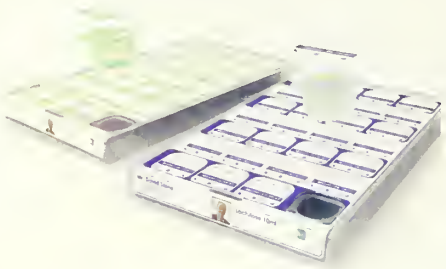
Plus Guaifenesin
for chesty coughs
(200mg Guaifenesin)

Lemsip Max All In One Lemon Essential Information

Active ingredients: Paracetamol 1000mg, Phenylephrine Hydrochloride 12.2mg and Guaifenesin 200mg per sachet. **Indications:** For relief of the symptoms of colds and influenza, including the relief of aches, pains, sore throat, headache, nasal congestion, lowering of temperature and chesty cough. **Dosage Instructions:** Oral administration after dissolution in water. Adults and children over 12: One sachet dissolved by stirring. Dose may be repeated every 4-6 hours. No more than 4 doses should be taken in 24hrs. Not to be given to children under 12 without medical advice. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease. Hypertension. **Precautions:** To be used with caution by patients with severe hepatic or renal dysfunction, Raynaud's Phenomenon, diabetes. Do not take with any other paracetamol-containing products. The product contains paracetamol and the stated dose must not be exceeded. Keep out of the reach of children. If symptoms persist, the patient should consult a doctor. Patients who are pregnant or are being prescribed medicine must seek a doctor's advice before taking this product. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and beta-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates MAOI drugs and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. Guaifenesin may increase the rate of absorption of paracetamol. Guaifenesin may interfere with the diagnostic measurements of urinary 5-hydroxyindoleactic acid or vanillylmandelic acid. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding: occasional doses have no significant effect. Contains aspartame. **Side-Effects:** Adverse effects of paracetamol are rare, but hypersensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol. Phenylephrine HCl: High blood pressure with headache and vomiting, probably only in overdosage. Rarely palpitations. Also, rare reports of allergic reactions. **Legal Classification:** GSL. **Licence Holder:** Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. **Licence Number:** PL 00063/0168 **Price:** £4.99 for 10s. **Date of preparation:** May 2007.

[1] Compared to the leading All in One [2] AC Nielsen unit sales 52 w/e 8th September 2007

Biodose MDS handles liquids



The new Biodose monitored dosage system was unveiled at the Pharmacy Show by Protomed. It is the first MDS to allow liquid as well as solid medicines to be handled and is described as "the natural successor" to the company's Nomad MDS system.

Patented sealing techniques are used to secure medicines within a container that, once the lid is removed, acts as the medicine pot, thereby doing away with the need to transfer to another holder. The inclusion of Biocote provides antimicrobial protection, particularly important in a care home setting. Storage and transport units are available. The cost of the Biodose will be no more than for existing systems, says the company.

The Biodose MDS will be launched in the new year. Protomed will demonstrate the system at roadshows around the country. Locations and dates will be posted on the company's website.

Product info:
Protomed
Tel: 0161 266 1030
www.protomed.co.uk
info@protomed.co.uk

Care to be different

Care Pholcodine Linctus from Thornton & Ross has had its packaging updated.

A purple label with a photographic image of a cough sufferer should stand out and appeal on shelf, says T&R.

The redesign is the first step in the introduction of a new look across the whole Care range, aiming to help customers differentiate between products. Best-sellers will be updated first.

Product info:
Thornton & Ross
Tel: 01484 842217

Vitamins with kudos

New to the VMS fixture is the Kudos Vitamins and Herbals range.

As well as pure vitamin and herb variants, the portfolio includes multi-ingredient formulations such as Menoplex capsules, hair nutrient formula and Q100 multivitamins.

Melt in the mouth strips dubbed Soluleaves are available in zinc and echinachea to defend against colds and flu and a caffeine variant. Both retail at £2.99 for 24.

K-24 anti-ageing sachets have been relaunched with an improved formula and taste. Retailing at £67 for a month's supply, the sachets are endorsed by health guru Hazel Courtney.

Product info:
Kudos Vitamins & Herbals
Tel: 01256 773299
www.kudosvitamins.com

A helping hand to stop smoking

A carbon monoxide tester for home use by people attempting to quit smoking has been launched.

The three-step Smokerlyzer System checks the user's level of nicotine dependence, tailors their quit plan and charts their progress. Supplied with a Stop Smoking book, the hand-held device gives immediate results. Its internal battery has a life of around two years, says Bedfont.

Clinical trials have shown that use of a CO monitor helps smokers to give up cigarettes as part of a stop smoking programme. Point of sale materials are available.

Price: £29
Bedfont Scientific
Tel: 08700 844050
www.stubitoutnow.com

Show highlights

The Pharmacy Show at Birmingham's NEC on October 14 and 15 saw product launches and promotions aplenty.

Arguably the bargain of the show was a free photo kiosk from Lexon, available to all independents and including maintenance for the first three months.

With a small footprint, the device is capable of producing instant 6x4in prints from all popular storage media. Customers can order lab prints, gifts such as mugs, teddies and mouse mats, and photobooks from the kiosk. Maintenance fees range from £25 to £50 per month.

Chefaro showcased its recent launches including the TCP antibacterial hand foam (£3.49/50ml). Said to provide an alternative to soap and water, the foam kills 99.9 per cent of germs including MRSA without leaving a sticky residue or fragrance. Visitors to the show also saw the new Drapolene mousse for the treatment and prevention of nappy rash and eczema. The 75ml can provides up to 200 applications and retails at £5.49.

Complete nourishment brand Complan displayed its latest range introduction, the Complan Shake. This is now available in five varieties since the addition of the banana and milk flavoured shakes.

For more product news from The Pharmacy Show visit: www.chemistanddruggist.co.uk/products

Products advertised on TV next week

Gaviscon Liquid and Handy Pack: All areas
Listerine Total Care: All areas
Lyclear SprayAway & Repellent: GMTV, Sat
Nurofen Express: All areas
Optrex: All areas
Rennie Dual Action: All areas
Seven Seas' JointCare & CLO: All areas
WindSetlers and Setlers Heartburn: GMTV, Five
PharmaSite for next week: Hedrin and **Covonia** on all panels, window, in-store and dispensary
Pharmacy channel: Solpadeine Plus, Imigran Recovery, Clearly Herbal Natural Baby Wipes, Murine, Senokot

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

We are spending £¾ million to make Cymex an even more popular cold sore cream this winter. Customers everywhere will know about its triple action formula and how it helps them forget about their cold sores. Will you be ready?

actavis
creating value in pharmaceuticals

Forget about your cold sore.

www.cymex.co.uk

Cymex®
CREAM
FOR COLD SORES

Relieves painful cold sores and dry cracked lips

TRIPLE ACTION FORMULA
- SOOTHES TINGLING
- STOPS CRACKING LIPS
- CONTROLS INFECTION

Cymex. CREAM FOR COLD SORES

Product name: Cymex cream. Presentation: White cream containing 1.0% w/w urea BP, 0.5% w/w Cetrimide BP, 9.0% w/w Dimeticone BPC and 0.1% w/w Chlorocresol BP. Indications: For the application to cold sores and cracked lips. Dosage: Apply sparingly every hour. Contra-indications: None known. Warnings and precautions: For external use only. If symptoms persist consult a doctor. Interactions: None known. Pregnancy and lactation: Can be used during pregnancy and lactation. Undesirable effects: None known. Legal category: GSL. MA number: 00B3/0026. MA Holder: E.C. De Witt and Co Ltd., Runcorn, WA7 1SZ. Trade price: £7.47 for a case of 6. Pack size: 5g tube. Date of preparation: 28 September 2007. 2007 OTC-0235.

Blitzing bugs with a UV blast

The Nano-UV disinfectant light scanner made its debut at The Pharmacy Show.

The hand-held device is said to kill 99.99 per cent of bacteria and viruses in 10 seconds. Suggested uses include while travelling, for babies' dummies and equipment, for toilets, kitchens, schools, hospitals and nurseries. It is said to be effective against bird flu, MRSA, *E coli* and salmonella.

The device takes two AAA alkaline batteries that will provide power for an estimated 300 scannings. The bulb will last for approximately 4,000 hours. It has a child safety lock, is lightweight and portable. Recent consumer press coverage is driving demand, says Wallace Cameron.

Price: £34.99
Product info:
Wallace Cameron & Co Ltd
Tel: 01698 354600
www.wallacecameron.com
Email:
sales@wallacecameron.com

Speed is of the essence for AltiMed

Compression therapy specialist AltiMed has launched a 72-hour turnaround service for its Altiform made to measure stockings.

This is an improvement of two days on the five-day service introduced earlier this year, says the company.

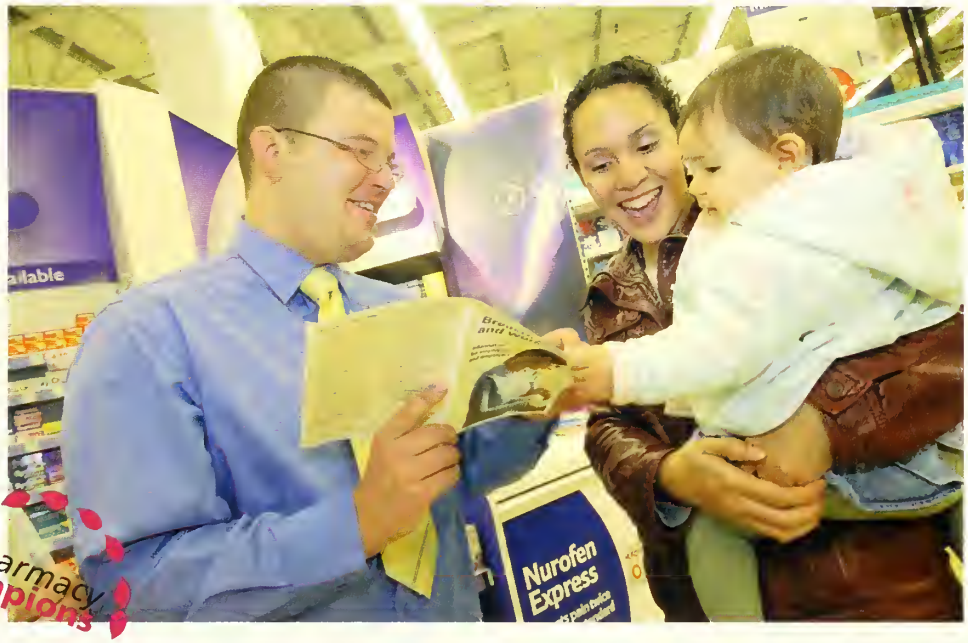
Rene Foulquies, managing director, comments: "The decision to reduce our turnaround time from five to three days was not taken lightly; we had to be sure we could deliver quicker without compromising the excellent quality of our product."

Altiform stockings have a number of features such as advanced fibres that make them softer and easier to put on, says AltiMed. They are available on FP10 prescription and made at the company's factory in Leicestershire.

Product info:
AltiMed
Tel: 01509 501720

Mum's the word

Anthony Holland, of the Tesco Pharmacy in Wigan, has set up a Breast Feeding Awareness service



We've launched a Breast Feeding Awareness service offering vital information to new mums. By offering this kind of advice at the pharmacy we are making healthcare information even more accessible. Breastfeeding can be really daunting, particularly for new mums, so any way we can help customers has to be good.

We got a lot of information from the Breastfeeding Network co-ordinator, and sent a member of our pharmacy team on a course run by the Breastfeeding Network. The course was six weeks long and there was an exam at the end of it.

It was approximately three months before we were able to offer the Breast Feeding Awareness service. We did some research and trialled the service in-store with visits from the Breastfeeding Network co-ordinator, before our staff member undertook the training course. The feedback we get from customers is great. It has real benefit to them and definitely adds value to the pharmacy offering. It's really nice to be able to share knowledge with customers – we are able to give them really useful advice. Customers have been really positive.

We mention the service to pregnant customers who hire a Tens machine from the pharmacy, and this drives further interest in the service once they have given birth.

The only low point was the restrictions of the Breastfeeding Agreement made with the Breastfeeding Network not to name brands in recommendations, which somewhat limited our ability to recommend specific products.

I'd advise pharmacists thinking of offering a similar service to go for it – it is really rewarding. We find it's really useful to work with the PCT and to find out what is going on. There's lots to get involved with, it's just a case of going for it and approaching the relevant people at the PCT.

We won the Pharmacy of the Year award at this year's Tesco Healthcare awards, due to the launch of the Breast Feeding Awareness service along with our involvement in a range of different local health schemes and projects.

We want to continue to work with our local PCT to use our knowledge and accessibility to offer services which are relevant to our customers and benefit the local community.

Out of hours

- I really enjoy fishing. My hobbies also include going to the gym and time out with friends at the pub.
- My desert island discs would be Paul Van Dyk's Politics of Dancing, Elvis Presley's Greatest Hits and John Lennon's Legend.
- My dream dinner party guests would be Winston Churchill, Jordan and George Best.

Under the white coat

- The best thing about my job is working with customers. As a pharmacy team, we try to spend quality time with our customers. We are really interested in their healthcare needs, and by showing we care and showing we have time to listen and advise customers we build up good working relationships with them. This results in a really good atmosphere at the pharmacy and also good customer loyalty.
- There's not really a bad part to my job. Due to the changes in the NHS contract, we're able to offer a lot more services from the pharmacy which means we're certainly always very busy!
- When I was growing up I wanted to be a fireman, like my dad. Now, if I wasn't a pharmacist, I would be a fisherman.

Marketing on no money

You don't need a Richard Branson style budget to be good at marketing, as **Paul Clapham** explains

The small but growing business needs marketing spend as much as a big one, but can seldom afford it. You haven't got the money to throw at the marketing needs, and even if you do, you may not know exactly where to throw it without an expensive expert.

Happily, you can do a tremendous amount at minimal cost or for free. A significant proportion of a marketing budget is consumed by other people's time doing tasks you and your staff could do. Yet, in retail premises there are always times when you or your staff are quiet. That dead time can be added into your marketing budget.

I've focused on a range of ideas specific to retail sales. While it's true that city centre, off high street, out of town and small town high street are each significantly different retail sites, there will, hopefully, be something for everyone here.

Let's start with a general point: planning. Small businesses with a plan succeed better than those without one and waste less money. Actually writing down what you're going to do makes it work better because it forces you to clarify your thoughts, quantify your aims and expectations and put dates, costs and names against each activity. One sheet of paper is enough.

Start your 'Marketing without Money Plan' at the coal face: your store. I'm going to assume that it's clean and tidy and that the window display is interesting. If any of these don't apply, put them right to start with. Windolene and a cobweb brush are important tools of retail marketing.

But it's footfall that's the big issue, isn't it? How do you get more bodies through the door? This is where the big boys' budgets are reckoned to win the day. You can't compete with their multi-million spends so you have to box clever instead. At the same time you have a couple of advantages over the big guys. First, you're only interested in one catchment area and you know it inside out. Second, you're flexible and can respond to local conditions and opportunities.

Location, location, location are the first three factors in retail success.

If you're sited off the high street, as many small businesses are, you need to tell people where you are. A single poster site or bus shelter site could do wonders for your business. You'll know which site you want; the company's name will be on it, just call them and get a price. They will also advise where you get a decent poster produced. Note that a company as big as McDonald's deals with a less than perfect location precisely this way at Oxford Circus tube station.

Park a billboard. If you don't have a poster site (or don't like the price), you might make use of a car or van. Park it where it does the poster's job with the message signwritten on it, or on a removable magnetic sign. Pubs with car parks can be amenable to this if you pay some "rent" over the bar.

Bags of customers. Large carrier bags with a vivid message stand out impressively on a busy street: 'Back to school specials' on a monster carrier in huge red letters will drive the nosy customer. I saw a new clothes shop use this very successfully on Oxford Street some years ago – and look at the competition there! Do it aggressively and you can hijack the high street.

Macho mail. The mail is the most cost-effective marketing tool for most small businesses. It involves no start-up costs, it can be activated every day (or week if you prefer), you can start and stop it depending on seasonal or other needs, and it's low cost. What you need to get to grips with is a database, so that you can make the mail work for you.

Database marketing. This is a lifetime job but you should seriously aim to start immediately if you don't already have a customer database. Someone who has bought from you once will do so again. All they need is a reminder. A computer database system enables you to send reminders and offers, seasonal topics, updates on new products and updates on related issues.

You are your best advertisement. Nobody knows more about your business, nobody cares more, nobody puts more time and sweat into making it work. Let the enthusiasm shine through. Wear a shirt that is embroidered with your business name, everywhere. The woman standing next to you in the bank, the newsagent or the pub could be the very person who has just moved into the town and wants a local independent pharmacy.

> "Wear a shirt that is embroidered with your business name, everywhere"

Door to door. This sorts out the men from the boys. If you find it demeaning to deliver marketing materials door to door, then you're a boy. D2D is the most cost-effective marketing you can get. You can target it exactly to hit the streets where singles, couples, young families or mature families live. You can hit just the young families for school holidays or in winter. You can work door to door piecemeal, use it to fill up quiet times and you actually meet some of the potential customers.

Do it right and it is far better value than local newspapers which reach stacks of households you may have little interest in. Doing it right means being religious about recording where you've been, delivering a well presented flyer and not being lazy (ie you go to every house, regardless of the length of the drive). Your staff can do it too but beware anyone who has no interest in the business: your flyers can end up in a skip very easily.

Bulletin boards. These are everywhere and they're often free to use, or at least dirt cheap. Try colleges, libraries, sportsand social clubs. A printed card with a message on all those in your locality can give customers a constant reminder of your name and location.

Squeeze the rep. A lot of business owners miss a trick when negotiating purchases. They go 100 per cent for the keenest price, instead of getting a contribution to advertising spend. The rep will normally have a floor price below which they can't go, but their company may have a big budget for co-op advertising, which saves you far more than an extra discount. Remember, that budget is a marketing cost, separate from the sales budget and companies do want to actively support their own brands.

Write for the local paper. If you can write, then write. A regular column for the local paper on this month's medical issues is a chance to demonstrate your expertise, the excellence of your service, your commitment to your area and, overall, what a nice person you are. They may even pay you and they'll certainly let you have a byline saying John Smith is owner of John Smith Pharmacies, Anytown. If you aren't being paid they'll probably let you get away with some minor self-promotion, but don't expect a weekly advertorial for nothing.

A final point on Marketing without Money is: don't cut corners on materials. Never use hand lettered signs in your store. Flyers, posters and bulletin board cards should be well produced and properly printed. Letters should be properly produced. Everything should be professional. If you or a staff member can do this on your computer, excellent. Failing that, find a low-cost designer or a printer with an in-house designer. You or a member of staff might go on a course to learn desktop design. Whichever route you take, it's worth it because customers prefer professionals.

C+D

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Locum Agency

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- MANAGERS !!! Have You Considered
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For out of hour's contacts call 08452578245

PHARMACY DISPENSERS

PART TIME & FULL TIME (flexible hours)

Community Pharmacy in Yiewsley, West Drayton, Middx requires Dispensing Assistants. Experience not essential as fully paid training to NVQ qualification available. Excellent Salary package with good prospects. Immediate start.

Contact Mr Virdee or send CV to: **PillBox Chemists, Head Office, 153 Maybury Road, Woking, Surrey GU21 5JR**; *Tel:* **01483 756881** *or email:* **kamin@pillboxchemists.co.uk**

Technician

The ABC Pharmacy chain have a vacancy for a Pharmacy Technician in Turnford, Herts.

Contact: Sabrina on 020 7727 0680 Ext 114 for details.

Classified

Business Wanted

Planning to Sell Your Pharmacy?

- Day Lewis are looking to buy pharmacies throughout England
- We guarantee to pay you the best price for your pharmacy
- We are a family run business and are proud of having retained our traditional values
- We will look after your staff and invest in their futures

INVESTOR IN PEOPLE

For a completely confidential first stage conversation, call Tony Hough on **07702 920966**

day lewis Pharmacy

Classified

Business Wanted

Thinking of selling?
Think Assura

Assura pharmacy

Assura Pharmacy is a rapidly expanding national pharmacy chain seeking to acquire pharmacies across the UK.

From April 2008 the rate of tax that most pharmacists will pay when they sell their business will rise from the current 10% to 18% - almost doubling the amount of Capital Gains Tax to be paid*.

If you are interested in selling and taking advantage of the current Capital Gains Tax regime before next year's changes then we would be interested to hear from you.

Please contact our Acquisitions Manager, Jim Kane, either by phone: 01244 893 807, or by email: jim.kane@assuragroup.co.uk for a confidential discussion.

*Potential vendors should seek independent tax and legal advice

Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

COHENS CHEMIST GROUP

Sell now and save an extra 8% in tax!

We are a pharmacy chain looking to expand in the North West & West Yorkshire areas.

With the changes in taper relief coming into force in April 2008, take advantage and sell now.

We pay competitive prices and all turnovers/sizes of groups are considered. Our aim is to make the process as fast and stress free as possible for you.

Take advantage of our offer today by calling Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

Purchasing a pharmacy and require a wholesaler loan guarantee?

Tel: 01928 750648

PHOENIX Think

PHARMACY BUSINESS TRANSFER LTD

We are experiencing a very high level of sales across the country in all price brackets from £500,000 to over £3,000,000 and we need **PHARMACIES URGENTLY** for clients looking to purchase with funding agreed.

ALSO REQUIRED ARE GROUPS LOOKING TO SELL.

We are retained by a number of companies wanting to purchase. Any size group around the country will be considered.

Please contact Denis O'Leary in confidence on 01206 323808 or mobile 07920 476222

email denis.oleary@pharmacybusinesstransfer.co.uk

Business For Sale

HUTCHINGS PHARMACY SALES

Yorkshire/Lincs.	T/O C:	£ 3,080,000
Bedfordshire	T/O C:	£ 2,000,000
E. Anglia (2 shops)	T/O C:	£ 1,800,000
E. Kent	T/O C:	£ 950,000
Exeter	T/O C:	£ 800,000
W. Yorkshire	T/O C:	£ 760,000
Dorset	T/O C:	£ 730,000
N. London	T/O C:	£ 460,000

If you are ready to SELL we have purchasers throughout the UK willing to pay top prices for Pharmacies. Our priority is to obtain the best price whilst maintaining your confidentiality.

*If you are thinking of **SELLING** your Pharmacy, Contact us now for a FREE valuation.*

Or for a confidential discussion please call...

01494 722224

email: info@hutchingsandco.com

www.hutchings-pharmacy-sales.com

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"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association Approved Supplier

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Tax Consultants & Accountants

From: **Hawkeye on the web**

Date: **Sat 27.10.07**

Subject: **Search me**

Just a cursory search of the word **'pharmacy'** spits back a staggering **72 million** results

Be careful what you wish for, the old saying goes. And never a truer word was spoken in the context of search engines. So vast is the internet now that it is a job in itself to find the information you are looking for.

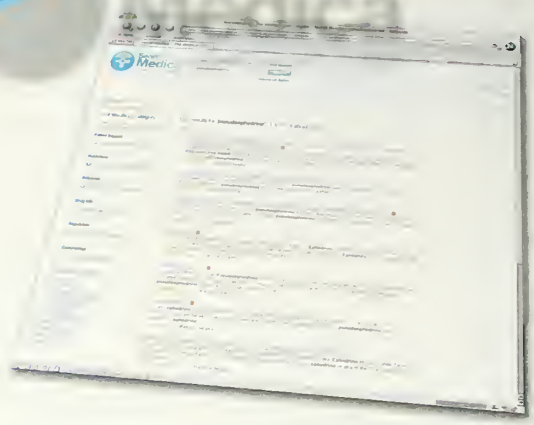
Take the ubiquitous www.Google.com as an example. A site so intrinsically linked to the notion of online searching that it has drifted into common parlance as a verb.

Google's tentacles have incredible reach. Just a cursory search of the word 'pharmacy' spits back a staggering 72 million results in just 0.16 of a second, which is one hell of a haystack in which to find the needle of information you are after.

As well as a verb, Google has also spawned a noun in the shape of 'Googlewhack'. Wikipedia defines this as "a search query consisting of two words that return a single result" (http://en.wikipedia.org/wiki/Googlewhack) and I can confess to spending several unconstructive hours in pursuit of one in homage to Dave Gorman.

The creation of the Googlewhack is a symbol of the mindboggling quantity and variety of information out there in cyberspace and it is worth reading the Wikipedia entry to see the concept taken to its extreme, with the masterfully named Feedbackgooglewhackblatt.

As the web expands, the function of searching for, and hopefully finding, the most relevant information becomes increasingly crucial. For healthcare professionals there is now an answer in SearchMedica www.searchmedica.co.uk.



SearchMedica is a medical search engine dedicated to helping pharmacists and other healthcare professionals find information online more easily. It is designed to return the most relevant and up-to-date search results in categories familiar to pharmacists, such as regulation and guidelines. The site, which is owned by C+D's parent company CMP Medica, has been developed using the expertise of the C+D team and in consultation with pharmacists.

Going back to old sayings, it's a bit less 'ask, and it shall be given you' and a bit more 'seek, and ye shall find'.

What do you think of SearchMedica? Email us at haveyoursay@cmpmedica.com

...what's new on the C+D website...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.chemistanddruggist.co.uk/register

If you sign up before the end of October you will be entered into a free prize draw to win £200 in **John Lewis vouchers.**

Log on to www.chemistanddruggist.co.uk/register to be in with a chance.

Rowlands' Rowland flies into Rowley Regis

Rowland the owl joined pharmacist Hugh Ross and the Rowlands team at the launch of the chain's latest store in Rowley Regis. The mascot handed out goody bags with healthy tips and giveaways for children at the new pharmacy at 352 Oldbury Road, which was officially opened by councillor Pauline Hinton. To view the full size pictures visit www.chemistanddruggist.co.uk/news

The most read stories in the latest C+D newsletter

C+D News bulletin Click here

1. Category M changes 'could hit goodwill values by £200k'
2. Retailers refuse to restrict analgesic sales
3. Nucare shareholders vote
4. Independents trusted more than multiples, survey finds
5. Tories promise ring-fenced cash

RETAIL SKILLS
for PHARMACY STAFF

Retail Skills for Pharmacy Staff is a distance learning course from *Chemist + Druggist* and Hamacher Group, supported by SSL International, to improve the general retailing skills of pharmacy staff.

- One folder of 10 modules can be shared among staff. Individual workbooks are issued to staff members on registration
- Content based on Pharmacy Services NVQ2 – complements product knowledge learnt in MCA courses such as Counterpart

From C+D and THE HAMACHER GROUP LIMITED in association with SSL International plc

To find out more about Retail Skills, to enrol members of staff or to order your learning modules over the phone call:
Pauline Sanderson on 01732 377269, email psanderson@cmpmedica.com
OR complete the form below

To: Pauline Sanderson, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Pharmacist: ..... Pharmacy name: .....

Address: .....

..... Postcode: .....

Phone no: .....

Orders will not be accepted without a telephone number

	Number	Total
Retail Skills Learning Modules Number of sets @ £41.13 (inc VAT)		£.....
Course registration fee Number of staff @ £41.13 (inc VAT).....		£.....

Name: .....

Name: .....

Name: .....

Total payment £.....

❑ Cheque enclosed (payable to CMP Medica)
❑ Credit card ❑ Debit card payment – details below

Card Type(Visa/Mastercard/Switch/AmEx): .....

Card number: .....

Expiry Date: .....

Name (as on card): .....

Address of cardholder: .....

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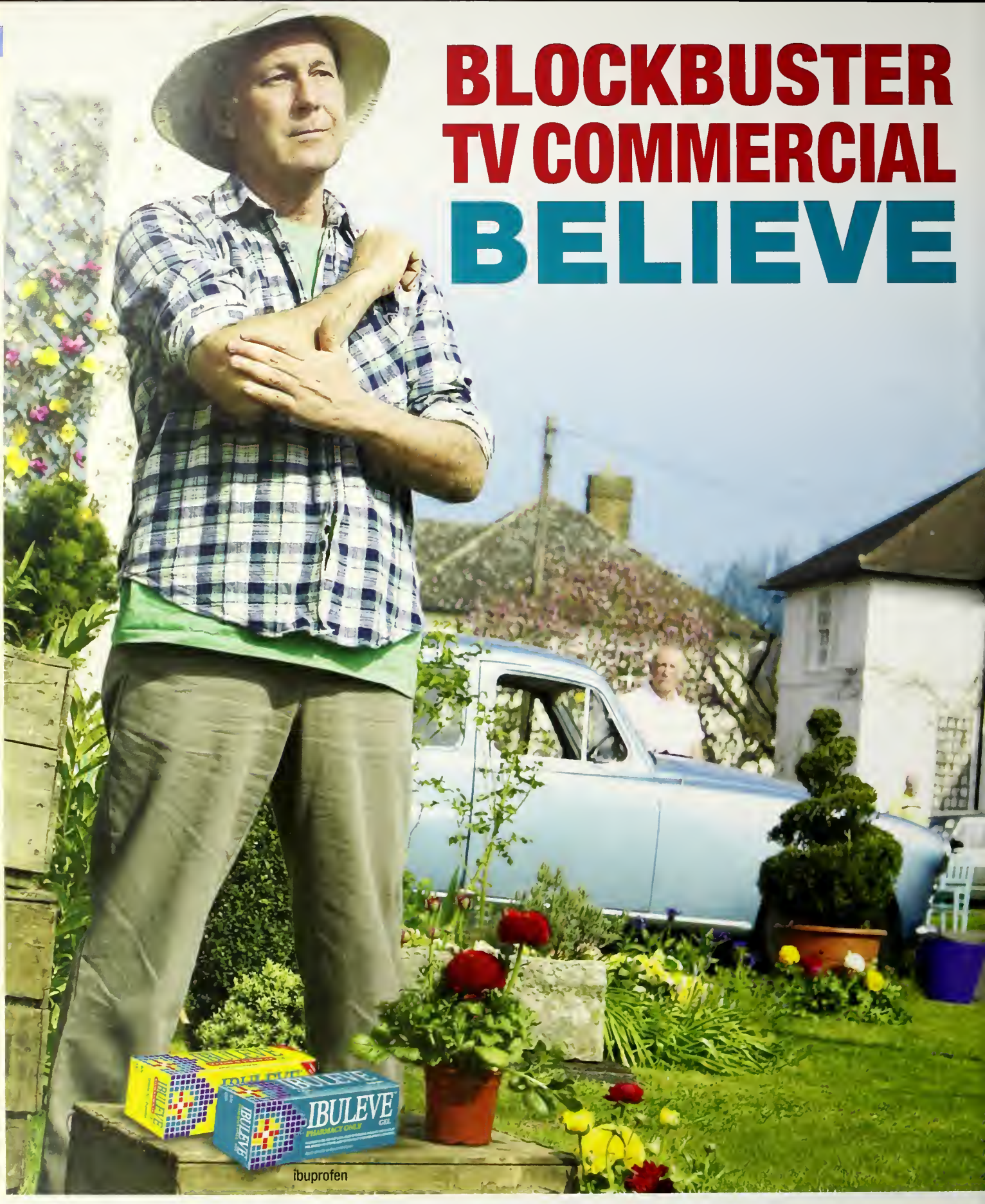
Signature: ..... Date .....



With a powerful new campaign and heavyweight TV support, pain sufferers are singing the power of Ibuleve! Stock up now.

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